

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>09/650,551</u>		FILING DATE <u>08/30/01</u>		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51				
2		/					52				
3	/						53				
4		/					54				
5	/						55				
6		/					56				
7	/						57				
8		/					58				
9		/					59				
10	/						60				
11		/					61				
12		/					62				
13	/						63				
14		/					64				
15		/					65				
16	/						66				
17		/					67				
18		/					68				
19	/						69				
20		/					70				
21		/					71				
22	/						72				
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29							79				
30							80				
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35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	14						TOTAL IND.				
TOTAL DEP.	13						TOTAL DEP.				
TOTAL CLAIMS	27						TOTAL CLAIMS				